CLAIMS ONLY

Application Number	Filing Date
10/504819	

Applicant(s)

09-20-05

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1			/									
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3				/								
4				/								
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50												
Total Indep			2									
Total Depend			10									
Total Claims			12									

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